

condition by the physiologic effects of pregnancy.

(5) **RACIAL AND ETHNIC MINORITY GROUP.**—The term “racial and ethnic minority group” has the meaning given that term in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u-6(g)(1)).

(6) **SEVERE MATERNAL MORBIDITY.**—The term “severe maternal morbidity” means a health condition, including a mental health condition or substance use disorder, attributed to or aggravated by pregnancy or childbirth that results in significant short-term or long-term consequences to the health of the individual who was pregnant.

### SEC. 3. SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS OF MATERNITY CARE COORDINATION.

(a) **PROGRAM ON MATERNITY CARE COORDINATION.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Directive 1330.03.

(2) **TRAINING AND SUPPORT.**—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of those veterans in the Armed Forces.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—There is authorized to be appropriated to the Secretary \$15,000,000 for fiscal year 2022 for the program under subsection (a)(1).

(2) **SUPPLEMENT NOT SUPPLANT.**—Amounts authorized under paragraph (1) are authorized in addition to any other amounts authorized for maternity health care and coordination for the Department of Veterans Affairs.

(c) **DEFINITIONS.**—In this section:

(1) **COMMUNITY MATERNITY CARE PROVIDERS.**—The term “community maternity care providers” means maternity care providers located at non-Department facilities who provide maternity care to veterans under section 1703 of title 38, United States Code, or any other law administered by the Secretary of Veterans Affairs.

(2) **NON-DEPARTMENT FACILITIES.**—The term “non-Department facilities” has the meaning given that term in section 1701 of title 38, United States Code.

### SEC. 4. REPORT ON MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY AMONG PREGNANT AND POSTPARTUM VETERANS.

(a) **GAO REPORT.**—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives, and make publicly available, a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

(b) **MATTERS INCLUDED.**—The report under subsection (a) shall include the following:

(1) To the extent practicable—

(A) the number of pregnant and postpartum veterans who have experienced a pregnancy-related death or pregnancy-associated death in the most recent 10 years of available data;

(B) the rate of pregnancy-related deaths per 100,000 live births for pregnant and postpartum veterans;

(C) the number of cases of severe maternal morbidity among pregnant and postpartum veterans in the most recent year of available data;

(D) an assessment of the racial and ethnic disparities in maternal mortality and severe maternal morbidity rates among pregnant and postpartum veterans;

(E) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans, including post-traumatic stress disorder, military sexual trauma, and infertility or miscarriages that may be caused by service in the Armed Forces;

(F) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans from racial and ethnic minority groups and such other at-risk populations as the Comptroller General considers appropriate;

(G) identification of any correlations between the former rank of veterans and their maternal health outcomes;

(H) the number of veterans who have been diagnosed with infertility by a health care provider of the Veterans Health Administration each year in the most recent five years, disaggregated by age, race, ethnicity, sex, marital status, and geographical location;

(I) the number of veterans who have received a clinical diagnosis of unexplained infertility by a health care provider of the Veterans Health Administration each year in the most recent five years; and

(J) an assessment of the extent to which the rate of incidence of clinically diagnosed infertility among veterans compare or differ to the rate of incidence of clinically diagnosed infertility among the civilian population.

(2) An assessment of the barriers to determining the information required under paragraph (1) and recommendations for improvements in tracking maternal health outcomes among pregnant and postpartum veterans who—

(A) have health care coverage through the Department;

(B) are enrolled in the TRICARE program (as defined in section 1072 of title 10, United States Code);

(C) have employer-based or private insurance;

(D) are enrolled in the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(E) are eligible to receive health care furnished by—

(i) the Indian Health Service;

(ii) Tribal health programs; or

(iii) urban Indian organizations; or

(F) are uninsured.

(3) Recommendations for legislative and administrative actions to increase access to mental and behavioral health care for pregnant and postpartum veterans who screen positively for maternal mental or behavioral health conditions.

(4) Recommendations to address homelessness, food insecurity, poverty, and related issues among pregnant and postpartum veterans.

(5) Recommendations on how to effectively educate maternity care providers on best practices for providing maternity care services to veterans that addresses the unique maternal health care needs of veteran populations.

(6) Recommendations to reduce maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for each of the groups described in subparagraphs (A) through (F) of paragraph (2).

(7) Recommendations to improve coordination of care between the Department and non-Department facilities for pregnant and postpartum veterans, including recommendations to improve—

(A) health record interoperability; and

(B) training for the directors of the Veterans Integrated Service Networks, directors of medical facilities of the Department, chiefs of staff of such facilities, maternity care coordinators, and staff of relevant non-Department facilities.

(8) An assessment of the authority of the Secretary of Veterans Affairs to access maternal health data collected by the Department of Health and Human Services and, if applicable, recommendations to increase such authority.

(9) To the extent applicable, an assessment of potential causes of or explanations for lower maternal mortality rates among veterans who have health care coverage through the Department of Veterans Affairs compared to maternal mortality rates in the general population of the United States.

(10) Any other information the Comptroller General determines appropriate with respect to the reduction of maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for veterans.

(c) **DEFINITIONS.**—In this section, the terms “Tribal health program” and “urban Indian organization” have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

The bill (S. 796), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

Mr. LUJÁN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. LUJÁN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

## EXECUTIVE SESSION

### EXECUTIVE CALENDAR

Mr. LUJÁN. Madam President, I move to proceed to executive session to consider Calendar No. 261.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Christine P. O'Hearn, of New Jersey, to be United States District Judge for the District of New Jersey.

### CLOTURE MOTION

Mr. LUJÁN. Madam President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Executive Calendar No. 261, Christine P. O'Hearn, of New Jersey, to be United States District Judge for the District of New Jersey.